

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	319	12-15-95
TYPIST	2251	12-15-95
VERIFIER	319	6-18-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS BEST AVAILABLE COPY

Claim	Date
1	Original
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Cancelled
- ~ Restricted
- N Non-elected
- I Inactive
- A Appeal
- O Objected

Claim	Date
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